

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/517542</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input type="checkbox"/> No Fee Due (Explanation):	

7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>							
8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Treasury Check								
<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; text-align: center;">1</td> <td style="width:20px; text-align: center;">4</td> <td style="width:20px; text-align: center;">--</td> <td style="width:20px; text-align: center;">/</td> <td style="width:20px; text-align: center;">2</td> <td style="width:20px; text-align: center;">7</td> <td style="width:20px; text-align: center;">0</td> </tr> </table>		1	4	--	/	2	7	0
1	4	--	/	2	7	0			

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>J. T. H.</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>PCT</u>	TITLE: <u>[Signature]</u> PHONE: _____ 

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_
DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: